Special Report Exhibit 5:

Glenn A. Porter, DOC 99595 Incident 486 Packet

5-1A

INCIDENT REPORT

Facility: Cimarron Correctional	Incident Number; 2017-1003-486-PREA
Incident Date/Time (HRS): 08/26/2017 07:00 hours	
Facility Damage: None	
Incident Focation: Facility Property \ Section: E \ Block	ck: C \ Cell: 221

INCIDENT PRIORITY LIST:

Priority	Priority Description
PREA	IOI Sexual Harassment

Other Priority Description:

DESCRIPTION OF INCIDENT:

On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 was standing at the cell door with a sign say "Help me please PREA. Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday. Shift Supervisor Munday sent Assistant Shift Supervisor Earl Hamby to report to Echo Charlie to remove inmate Shields from cell 221.

Once Supervisor Hamby removed inmate Shields from cell 221 to interview and have inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused inmate Porter stated "He would get some dick after he (Shields) went to sleep.

Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.

Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter, Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221.

After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.

INVOLVED PEOPLE:

Inmate/Resident Name(s) & Number	Jurisdiction	Witness or Participant	5-1C Attached or Refused?	Injuries
GLENN PORTER (99595)	640000	Participant	Refused	No

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5-1A

INCIDENT REPORT

THOMAS SHIELDS (754757)	640000	Participant	Attached	No
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Employee Name(s) & Number	Employee Title	Witness or Participant	5-1C Attached?	Injuries
Arthur Fox (19979298)	CHAPLAIN	Participant	Yes	No
Timothy Mccool (22636704)	SR CORRECTIONAL OFFICER	Participant	Yes	No
Dwight Munday (16524440)	SHIFT SUPERVISOR	Participant	Yes	No
Earl Hamby jr (6878931)	ASSISTANT SHIFT SUPERVISOR	Participant	Yes	No
Greg Jones (1654014)	INVESTIGATOR	Participant	Yes	No

Medical Evaluation Completed? Yes	
HEALTH SERVICES PERSONNEL CO	NDUCTING EXAMINATIONS:
Name	Title
Warren, Jeanette	LPN
Thomas, Antia	LPN
Weapons Discovered? No	How Many?
Weapon Description	Weapon Location
Cell Phones Discovered? No	How Many?
Inmate/Resident Disciplinary Charges Fi	icd? No
Inmate/Resident Name(s) & Number	Segregation Property Inventory Completed

Incident Videotaped? No	
Name/Title of Camera Operator:	
If Not Recorded, Explain: Not a recordable incident	
Photos of injuries, contraband, or property?	'es How Many? 2
If No Photos, Explain:	
Name/Title of Photo Taker: S/S Dwight Munday	

5-1A

INCIDENT REPORT

EVIDENCE INFORMATION:

Evidence recovered during incident? No
Chain of Custody Maintained; No
Evidence Description:
Evidence Current Location:
Name/Title of Person Discovering Evidence:
Criminal Charges: No

Notifications:

Facility Notifications:

Person Notified	Date/Time Notified	Notified By	ADO?
Virgil Ensey	08/26/2017 @ 0715	Earl Hamby	Yes

FSC Notifications:

Person Notified	Date/Time Notified	Notified By
Lane Blair	08/26/2017 @ 0718	Assistant Warden Virgil Ensey

Contracting Agency Notifications:

Person Notified Date/Time Notified Notified By			
Jamie Keef	08/26/2017 @ 0721	Assistant Warden Virgil Ensey	
Ken Yott	08/26/2017 @ 0955	Facility Ivestigator Greg Jones	

Outside Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Referred for Investigation by Warden/Adm	unistrator or ADO?	Yes
Prepared By: Dwight Munday	Title:	Shift Supervisor
Completed Date/Time: 08/26/201	7 17:52hours	
Name	Job Fitle	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	08/26/2017 16:39 hrs.

INCIDENT STATEMENT

Facility Cimarron Correctional	Incident Number 2	017-1003-486-PREA
Person Name	Person Type	Person Role
	null	null
Incident Date/Time (HRS); 08/26/2017 07:0	00 hours	
Based on your own knowledge, what did you	u see, hear, and do?	
Did you receive any injuries? (If Yes	s, Explain below)	
Were you evaluated by medical?		
Signature:	Date:	
Typed By:	Date:	
This section to be completed by CCA staff if the inm	nate or civilian/other refused to complete the 5	-1C:
Employee/Witness-Name;	Date:	
Employee/Witness Name:	Date:	

5-1E

PRISON RAPE ELIMINATION ACT (PREA) REPORTING

Facilit	Cimarron Correctional	Incident Number 2017-1003-486-PREA
1. ALL	EGED VICTIM:	
	Gender: X Male Female	Transgender: Yes X No
2. ALL	EGED PERPETRATOR:	
	Gender: X Male Female	Transgender: X Yes No
3. FOL	LOWING AN INVESTIGATION, THE ALI	LEGATION WAS DETERMINED TO BE:
	PREA: IOI Sexual Harassment	
	Substantiated* X Ur	substantiated. Unfounded
<u>*</u>	*NOTE: Section 4 below to be completed ONLY if o	ne or more of the allegations is substantiated.
4. SAN	CTIONS:	
a.	<u>Legal:</u>	
	Arrest Referral for Prose	ecution New Sentence X N/A
b.	Institutional Discipline:	
	X Yes No	N/A
C.	Staff Discipline:	
	Yes (If Yes, explain/describe below)	X No N/A
5. INM	ATE/RESIDENT CHANGE IN CUSTODY:	
	ATEMESIDENT CHANGE IN COSTODI:	
Γ	ingranço in Gue	tody Transferred to another
	Segregation Increase in Cus Level	Transferred to another X N/A facility
Form (Segregation Increase in Cus	

NOTE: Upon completion of this form, forward to CCA Assistant General Counsel, Operations.

5-1G

INCIDENT INVESTIGATION REPORT

Facility Cimarron Correctional	ncident Number 2017-1003-486-PREA
Date of Investigation 08/28/2017 Investigato	r Name Greg Jones
1. Were all witnesses and participants interviewed? No Inmate Glenn Porter Inmate Thomas Shields Captain Dwight Munday Lieutenant Earl Hamby	o (If No, Explain below)
2. What documents were examined (e.g. logbooks, report, rost 5-1 A Incident Report Medical and Mental Health Evaluation 2 Color Photos	ers, work schedules, etc.)?
3. Were any of the inmates/residents (witnesses or participant gang members? No	s) involved suspected or validated
4. Is there any indication that the incident was STG related?	No (If Yes, Explain below)
5. Is there any indication that the incident involved terrorist t	hreat/activity? N/A (If Yes, Explain below)
6. Any indications of policy, procedure, or practice violations?	No (If Yes, Explain below)
7. Investigative Conclusions: Investigative Findings: INVESTIGATION PARTICIPANTS:	
First and Last Name Formal Title Thomas Shields Offender Glenn Porter Offender	
INVESTIGATION FINDINGS: In an interview conducted on August 26, 2017, Offender Thomas Shields indice	ated the following: that Porter his cell-

mate ask him if he wanted to get his "dick sucked by a real woman" and then started to clean himself and flushed his anus out with water and soap. Shields further stated that Porter just started acting strange and would become agitated if he did not get his way. Inmate stated that there was no contact between him and Inmate Porter.

In an interview conducted on August 26, 2017, Offender Glenn Porter indicated the following: that Shields had exposed himself to him and he stated to Shields that he does not have the desires to do that "sex with anyone, anymore". Inmate further stated that there was no contact between him and Inmate Shields.

CONCLUSION SUMMARY:

Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between them.

Investigative finding is Unsubstantiated

Prepared by: Greg Jones	Title: Investigator
Date: 08/28/2017	

Electronically Signed By:

	Name	Job Pitle	Date and Time Signed	
- 1	Greg A Jones	INVESTIGATOR	08/28/2017 10:47	

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Facility	Cimarron Correctional		Incident Num	ber 2017-100	3-486-PREA			
To be Co	mpleted by the Chief of Secu	rity or Designee:						
5-1 Packe	et Contains Necessary Forms	:						
X	5-1A Incident Report							
Х	5-1C Incident Statements (For each witness/participant)							
	5-1D Use of Force Summary & Review							
Х	5-1E Prison Rape Elimination Act (PREA) Reporting							
	5-1F Death of Inmate/Reside	nt in Custody Rep	ort					
Х	5-1G Incident Investigation R	eport						
Х	5-1H Incident Packet Checkli	st & Administrativ	e Review					
X	13-34A2 Emergency Anatom	ical Form or contr	acting agency form (I	or all medical as	sessments)			
Additiona	al Information:							
	Disciplinary Reports Complet	ed?						
Х	Customer Required Documer	nts Completed?						
X	All photos maintained with th	e packet?						
	Videotape securely stored?							
Commen	lo:							
	nd closed at this time,							
7. L								
=ro=be=cor	apleted by the Warden or De	signee;						
Additiona	l Notifications Made:							
Notified:		Yes/No/NA	Date/Time (HRS)	No	ified By:			
Medical Exa	miner/Coroner:	N/A						
	sident's Next of Kin:	N/A						
American Correctional Association: (With Approval of FSC QA)		N/A						
JTTF or Sim	nilar Local Authority Notified:	N/A						
Date Age	ncy Notified:							
Employee	corrective action taken (11-4	any):						

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Incident is Considered: Closed	(If Open, Complete Section Below)
Pending Actions (Check all that apply):	
Assigned for internal investigation	Assigned To:
Referred for external investigation	Referred To:
Referred for prosecution	
Other	Explain:
Comments:	

Electronically Signed By:

Name	Job Title	Date and Time Signed
John P Hilligoss	CHIEF OF UNIT MANAGEMENT	09/27/2017 19:17
Virgil D. Ensey	ASST WARDEN	10/04/2017 17:13

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Comprehensive Report

	, the Compre te division ma					within five wo	orking days of the	incident to the
Facility:	Cimarron Cor	ectiona	ctional Reported b					
Type of Inci	dent:	Sexu	al As	sault (ad	ctual, alleged, or pot	ential)		
Date/Time I Occurred:	ncident	08/26	5/201	7 07:00				
	Incident (Unit, dining hall, etc.	Facili	ty Pr	operty \	Section: E \ Block: C	\ Cell: 221		
A: Full c		cident (v	who,	what, wh	nere, why and how.	Include all offend	er and staff actions	during the
When Chap with a sign : Chaplain Fo notified Shif Echo Charli	lain Fox arrived say " Help me p ox then went and t Supervisor Dw e to remove inn	to Eche lease P d inform right Mu nate Shi	o Cha REA ned S unday ields	arlie cell Chapla enior Co . Shift S from cel	221 inmate Thomas in Fox told inmate Sorrectional Officer Tile typervisor Munday sold 221.	s Shields ODOC# hields that he wa mothy McCool. S ent Assistant Shi	F754757 was standi is going to go inform enior Officer McCoo ft Supervisor Earl H	the unit officer. I immediately amby to report to
Inmate Shie (Shields) pe	lds statement s nis. Inmate Shi	tated th elds refi	at inr used	nate Gle the adva	nn Porter ODOC# 9	9595 asked inma t then went on to	e inmate Shields writ ate Shields to let "hii say that after inmate	m (Porter) suck his
injuries. Inm	ate Shields wa:	then ir	ntervi	ewed by	nedical for evaluation Facility Investigaton g could be made ava	r Greg Jones. Aft	aluated inmate Shie er the interview with	lds received no Investigator Jones
Investigator an interview Porter told i	Jones. Inmate with inmate Po	Porter h rter, Inr nat "he	nad n nate (Port	o injurie: Porter st er) had i	s reported during the tated that inmate Sh	e medical evaluat ields had expose	evaluation and to be ion. Investigator Jor d himself to inmate erview was complete	nes then conducted Porter. Inmate
placed the c another. Bo	After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.					ces towards one		
B: Staff involved and role they played during/after the incident:								
C: What events precipitated this event:								
	ders involved:							
Fuli	Name	DOC#	Race		Sentence Length/Days Remaining/Crime/STG Affiliation	Updated offender profile screening from attached (Y or N)	Mental Health Level/Medication Compliance (past 90 days)	Updated Mental Health Assessment Attached (Y or N)
PORTER, GLEI	NN ARTHUR	99595	w	58				
SHIELDS, THO	MAS JOSEPH	754757	w	47				
E: Injurie	es sustained:					· · · · · ·		

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Cause of Injury

Treatment Received-

Offender (provide update on

Type of Injury

Staff or Offender (S or O)

Full Name

Attachment A OP-050108

Treatment Received-Staff (was treatment provided outside of the facility)

Page 2 of 2

	,				current condition, treatment and location)	outside of the facility)
F:	Were a	ny weapons or contraband	recovered during t	his incident?		
<u> </u>	101h -4 6			CC 12 PC 1		
G:	vviiatii	uture impact will/could this i	ncident have on st	aπ and/or oπenders	s and/or their families?	
H:	What c	orrective measures were in tuture incidents?	plemented and wi	nat follow-up action	should be addressed to	resolve and/or
				<u> </u>		
l: 	What di	sciplinary/commendations for	or staff was recom	mended?		
J:	If there	is no video related to this in	cident, explain wh	y:		
K:	If there	is video of this incident, ho	w many discs are i	ncluded with this re	mort?	
			many aloos are i	TOTAL OCT WITH THE TO	porti	
L:	Will tran	nsfers or separatees be rec	ommended for any	of the offenders in	volved?	

Spontaneous Incidents/Use of Force: Check List/Closure

1.	I am	;
	Name	Title
2.	Today's date and time is:	
3.	My location at the present is:	
4.	The location of the incident was:	Facility Property \ Section: E \ Block: C \ Cell: 221
5.	The name(s) and number of offend	ler(s) is/are:
	PORTER, GLENN ARTHUR	99595
	SHIELDS, THOMAS JOSEPH	754757
6.	Name(s) and title of staff involved	were as follows:
	Fox, Arthur Allen	CHAPLAIN
	Mccool, Timothy Ryan	SR CORRECTIONAL OFFICER
	Munday, Dwight Ga	SHIFT SUPERVISOR
	Hamby jr, Earl	ASSISTANT SHIFT SUPERVISOR
	Jones, Greg A	INVESTIGATOR
7.	The circumstances leading to the ir	acident were:
8.	Action taken during the incident w	as:
9.	Name(s) and title of staff involved v	were as follows:
•	Fox, Arthur Allen	CHAPLAIN
	Mccool, Timothy Ryan	SR CORRECTIONAL OFFICER
	Munday, Dwight Ga	SHIFT SUPERVISOR
	Hamby jr, Earl	ASSISTANT SHIFT SUPERVISOR
	Jones, Greg A	INVESTIGATOR
10.		e: (examinations of staff and offenders must be conducted by
	medical personnel):	
11.	Medical staff present are:	
	Warren, Jeanette	LPN
	Thomas, Antia	LPN
12.	Summary of injuries are:	
13.	This concludes the incident involvi	ing the following offender(s):
	PORTER, GLENN ARTHUR	99595
	SHIELDS, THOMAS JOSEPH	754757
14.	Camera operator is:	
		Name/Title
15.	This tape, all incident reports, mis-	conduct reports, or any physical evidence will be secured in

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the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

Name/Title/Position

16. This concludes the Spontaneous Use of Force incident involving offender(s). Give a summary of the name and DOC number of offenders and time of the Spontaneous Use of Force incident:

Attachment H OP-050108 Page 1 of 3

			Incide	ent Notific	ation	Check	list	,		
staff or offend	der injuri	ditional question es will require a ally and supplie	follow-up e-	mail to provid	e the c	ondition o	fsta	aff ar	event(s) that occurred. And/or offenders. This upo	n update of late should
Original: Updated: 08/26/2017										
Facility:	Cimarro	on Correctional			R	eported b	y:	Ward	den Raymond Byrd	-
Type of Incident: Sexual Assault (actual, alleged, or potential)										
Date/Time Incident Occurred: Date/Time Division Manager Notified:										
Location of Ir Cell, dining h		Jnit, Quad,	Facility Pro	perty \ Section	n:E\E	Block: C \	Cell	: 221	Unit locked down?	Yes X No
Has DOC Ins General beer		X Yes No	By Whom?	Facility Inve	stigator	Greg Jor	es		When?	
				Incident Cl	assificat	tion				
		der assaults wi	-	•						-
		er-on-Offender			erious ir	njury: N/A				
l .		der assaults wi	hout serious	injury: N/A						
3. Offender-		J								
		der assaults by	throwing sul	ostances: N/A						
5. Disruptive	Event:	N/A								
			/atta	Offenders						
	ull Name		DOC #	ch additional		200000			Onl(-)	
PORTER, GL			99595	Elleryon I	Race W	Ag 58			Crime(s)	
SHIELDS, TH		Section and the section of the secti	754757	000000	W	4				
OTTILLEO, IT	101111101	JOOLI III	10-101	To the second		- CONTROL OF THE PARTY OF THE P				
				Staff In	volved	 				· · ·
			(atta	ch additional	pages	if needed))			
			l Name				۲itle	/Posi	ition	
		Arthur Allen					CH.	APL/	AIN	
İ	Mecc	ool, Timothy Rya	an		SR CORRECTIONAL OFFICER					
Munday, Dwight Ga					SHIFT SUPERVISOR					
Hamby jr, Earl					ASSISTANT SHIFT SUPERVISOR					
	Jones, Greg A INVESTIGATOR									
Brief Summary of Incident On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit.										
On Saturday When Chank	August ain Fox a	26, 2017 at 070 arrived to Echo	0 Chaplain <i>F</i> Charlie cell 2	Artnur Fox wa 221 inmate Th	s condi	ucting Fac Shields O	ility ⊃∩r	' Duty ^# 7!	/ Officer rounds on Echo 54757 was standing at tl) Charlie unit.l
with a sign sa	ay " Help	me please PR	EA. Chaplair	n Fox told inm	ate Shi	ields that	he v	vas ç	oing to go inform the ur	nit officer.
Chaplain Fox	k then we	ent and informe	d Senior Cor	rectional Offic	er Tim	othy McC	ool.	Sen	ior Officer McCool imme	ediately
notified Shift	Supervis	sor Dwight Mun ve inmate Shiel	day. Shift Su de from cell i	pervisor Mun	day sei	nt Assista	nt S	Shift S	Supervisor Earl Hamby t	o report to
Lono Onaille	LO FEITIU	ve iliniate ontei	ua II UITI UUITI.	<u>44</u> 1.						
Once Superv Inmate Shield	risor Han ds staten	nby removed in nent stated that	mate Shields inmate Gler	s from cell 22° an Porter OD0	1 to inte DC# 99	erview and 595 aske	d ha d in:	ve in mate	mate Shields write a sta Shields to let "him (Por	itement. ter) suck his

Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.

(Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused

inmate Porter stated "He would get some dick after he (Shields) went to sleep.

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Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by Investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter, Inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221. After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated. Staff/Offender Injuries (Be as specific as possible - head wound, puncture wound, etc., to include any emergency treatment/hospital transport) Weapons Used/Recovered (if known) If applicable, was the If no, was cell Yes X No X Yes No Name/DOC# Glenn Porter 99595 offender single celled? partner involved? Any other pertinent information specific to this incident Notification Reported to Division Manager by: Name: Time: INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBLIC INFORMATION OFFICER Date: Time: Signature of Manager Comprehensive Report Ordered: No The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."

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Incident Classification Definitions

Offender-on-offender assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stiches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of Offender-on-offender victims - An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury — An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight — Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances – Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

<u>Disruptive Event</u> – Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

<u>Victim</u> – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

Serious Incident Database Report

Private Prisons

1. Facility: Cimarron Correctional	
2. Date of Incident: 08/26/2017	
3. Offender Offense History:	
4. Area of Incident:	
5. Narrative:	
6. Who was the first responder to the incident?	•
7. If PREA, was the incident referred to Intern	nal Affairs?
8. If Use of Force was used, was it?	
9. If planned, was Medical contacted prior to U	Jse of Force?
10. Was the incident video recorded?	
11. If electronic technology was used, was the o	ffender medically cleared?
12. What type of non-deadly force equipment w	vas used?
Inflammatory	Electronic Technology
ОС	Electronic Shield
CS (Private Prisons ONLY)	Radio Active Custody Control
	Taser
Physical Restraint Device	
Belly Chains	Leg Irons
Four or Five point restraints	Restraint Chair
Handcuffs	Other

IJ.	. What level of force was used?		
	Inflammatory Agent		
		Veight prior to use:	
	CS (Private Prisons ONLY) V	Veight prior to use:	
	Deadly Force		Impact Weapons
	Hand Gun		Baton
	Rifle-Sniper		Collapsible Baton
	Rifle-Tower		
	Shot Gun		
	Physical Contact		
	Defensive Tactics- hold		
	Offensive Tactics- Striking		
14.	. Was more than one camera used to record in	cident?	
15.	. Were there injuries during the Use of Force?		
16.	. Where was the injury treated?		
17.	. Injuries Sustained:		
	Staff Offender	Both	
18.	. What was the mental health levels of the offe	nders involved?	
19.	. Was the offender taking prescribed medicati	ons?	

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20.	was the incident racially r	notivated?
21.	Race(s) involved?	
	Black	White
	Hispanic	Native American
	Other	

14-2C

SEXUAL ABUSE INCIDENT CHECK SHEET

Alleged Victima	and the second of the	Thomas Shields Pacility CCF
Alleged Perpetr	ator	Glann Porter
Date/Time:	8/2	1,/20/7 @ 0700 Required Activities
celes la minu		INITIAL REPORT OR ALLEGATIONS OF SEXUAL ABUSE
8/26/17 0650		First responder separates inmate/resident from alleged perpetrator and notifies Shift Supervisor.
<u> </u>	4	Inmate/resident contact role of on administrative leave pending the investigation.
8/26/17 0710	1	Security immediately escons inmate/resident to Health Services Department (physical contactionly)
NIA	i	Health Services Department stabilizes/essesses victim (physical contact only)
9/26/17 0715	7	Health Services Department notifies the SART representative (i.e. mental health/Victim Services Coordinator (IVSD)/medical:
	1	Inmate/resident is not allowed to shower, remove clothing without medical supervision suse the restroom to a consume any liquids (the order to preserve evidence). (physical contact only)
426/12 0710	1	Shift Supervisor notifies Warden/Administrator (ADO after hours) and PREA Compliance Managers.
8/24/1 0760	1	Shift-Supervisor or investigator obtains a brief statement from the alleged victim, while in the Fleath Services 1.2.4. Department
Shun 0115	Z	Victim requested victim advocate.
8/26/12 0220	7	When reducated, victim advocate was made available.
	Z	If report is within 7/2 hours of physical abuse/penetration if medically and evidentiarily appropriate. Shift Supervisor, and medical staff ensure victim is transported to outside medical provider for evidence collection/ freatments.
NA	1	If report is within 1/2 hours of physical abuse/penetration. Shift Supervisor and/or investigator preserves the crime
		scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
1/19	1	In the alleged perpetrator is an inmate/resident, security staff ensures he/she is placed in a single cell ([favailable) in
		the event evidence collection is required. The inmate/resident is not allowed to wash, shower, or change; cothes? (physical contact only).
N/A	18	The RREA Compliance Manager or (acility investigator notifies local law/enforcement officers of the allegation and
224		asksifor guidance in crime scene preservation and coordinating the investigation (only/If/allegation is accriminatias)
\$/24/17 2720		The Warden/Administrator/designee or ADO notifies the contracting agency. The Warden/Administrator/designee or ADO ensures the 5-1A and any correctional agency required documentation
OCT ILL SIE	اسگنا	is completed within 24 hours of the initial report of allegation of sexual abuse and/or harassment.
:	,,,,,,,	INITIAL PREA REVIEW (48 to 72 HOURS AFTER REPORT)
-		Managing:Director.convenes a preliminary review of the response to the incident involving the Warden/Administrator; PREA Compliance Manager, facility investigator, the ESC PREA Coordinator, and available
		PREAcommittee members 4 200 200 200 200 200 200 200 200 200 2
The state of the s		G PREA RETALIATION MONITORING (for at least 90 days following report) For at least 90 days following a report of sexual abuse; the facility shall monitor the conduct and treatment of
Date Assigned:	M	immates/residents or staff who reported the sexual abuse, and of immates/residents who were reported to have
Section 1 Control of the Control of		suffered sexual abuse to see if there are changes that may suggest possible retaillation by inmates/residents of staff, and shall act promptly to remedy any such realiation. Items the facility should monitor include any.
Person Assigned:		inmate/resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates.
130	emmanni	arcontinuing need. Trilsrongoing review shall be documented using 1/4-20/Ongoing PREA/Retallation Monitoring. Reports (physical contact only):
Electronically S	lionz	
Name	, 18,11¢	Job Pitle Date and Time Signed
1.10 (MMC-AMM

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SEXUAL ABUSE INCIDENT CHECK SHEET

Alleged Victim:		THOMAS SHIELDS (754757)	Facility: Cimarron Correctional
Alleged Perpeta	ator	GLENN PORTER (99595)	
Date/Time:		Required Activitie	ng l
		INITIAL REPORT OR ALLEGATIONS OF	
	X	First responder separates inmate/resident from alleged perpet	rator and notifies Shift Supervisor
		If the alleged incident involves an identified staff perpetrator, e inmate/resident contact role or on administrative leave pending	nsure steps are taken to place this person in a non- g the investigation.
	X	Security immediately escorts inmate/resident to Health Service	es Department (physical contact only)
		Health Services Department stabilizes/assesses victim. (physi	cal contact only)
	X	Health Services Department notifies the SART representative (VSD)/medical.	(i.e. mental health/Victim Services Coordinator
		Inmate/resident is not allowed to shower, remove clothing with consume any liquids (in order to preserve evidence). (physical	
	X	Shift-Supervisor notifies Warden/Administrator (ADO after hou	rs) and PREA Compliance Manager.
	X	Shift Supervisor or investigator obtains a brief statement from Department	the alleged victim, while in the Health Services
	X	Victim requested victim advocate.	
	X	When requested, victim advocate was made available.	
		If report is within 72 hours of physical abuse/penetration, if me and medical staff ensure victim is transported to outside the victim	dically and evidentiarily appropriate. Shift Supervisor- cal provider for evidence collection/ treatment.
		If report is within 72 hours of physical abuse/penetration, Shift scene by sealing access if possible, and photographing the sc blood).	Supervisor and/or investigator preserves the crime ene and visible evidence at the scene (e.g. tissue or
		If the alleged perpetrator is an inmate/resident, security staff of the event evidence collection is required. The inmate/resident (physical contact only)	nsures he/she is placed in a single cell (if available) in Is not allowed to wash, shower, or change clothes.
		The PREA Compliance Manager or facility Investigator notifies asks for guidance in crime scene preservation and coordinating	s local law enforcement officers of the allegation and githe investigation, (only if allegation is a criminal act)
	X	The Warden/Administrator/designee or ADO notifies the contra	acting agency.
	X	The Warden/Administrator/designee or ADO ensures the 5-1A is completed within 24 hours of the initial report or allegation of	and any correctional agency required documentation f sexual abuse and/or harassment
		INITIAL PREA REVIEW (48 to 72 HOURS A	
08/29/2017 09:31	X	Managing Director convenes a preliminary review of the respo Warden/Administrator, PREA Compliance Manager, facility in PREA committee members.	
ONG	OIN	G PREA RETALIATION MONITORING (for at	t least 90 days following report)
Date Assigned:	X	For at least 90 days following a report of sexual abuse, the fac-	ility shall monitor the conduct and treatment of
08/26/0017 00:00		inmates/residents or staff who reported the sexual abuse, and suffered sexual abuse to see if there are changes that may su	ggest possible retailiation by inmates/residents or
Person Assigned:		staff, and shall act promptly to remedy any such realiation. Its inmate/resident disciplinary reports, housing, or program chan	ems the facility should monitor include any ges, or negative performance reviews or
Facility Investigator (Jones	Greg	reassignments of staff. The facility shall continue such monito a continuing need. This ongoing review shall be documented Report (physical contact only)	ring beyond 90 days if the initial monitoring indicates

Electronically Signed By:

Name	Job Title	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	08/26/2017 18:01

INCIDENT STATEMENT

Facility CCF	(A)				Incide	nt Number	2017-100	3-4811-PREA
Incident Date	August 26, 2017				Inclde	nt Time (HR	S) -08280n	0700
			, <u>,,,1976-1919-1919-1919-19</u>	······································				
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. Owner	son Name		In a	Vumber	· · · · · · · · · · · · · · · · · · ·	Person	a Tune	Person Role
			nployee #/I	nmete #/C	villan ID)	(Employee/in	mate/Civillan)	(Witness or Participar
Chaplain Fox (FC	00)	199	979298	 	· · · · · · · · · · · · · · · · · · ·	Employee		Witness
lousing Locatio	n (For inmates/Re	sidents O	nly)	Echo Ch	ariie			
					1.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ased on your o	wn knowledge, wi 17, while making m	nat did yo	u see, n	ear, and	dor In the de	or of call EC	221 Linon	erriving at the don
Did you receive	any injuries? YES	or NO (ſVES, E	xplain B	plow)	No injuries		
Were you evalue	ited by medical? `				yw	No injuries		
Nere you evalue	ited by medical?	YES or NO			yw		Taba.	80847
	ited by medical? `	YES or NO			yw		Date:	8/26/17

2/26/13

Inmate/Resident refused to complete this 5-1C Civilian/Other refused to complete this 5-1C

		INCIDENT STATEME	:NT		5-10
Facility Cimarro	on Correctional Facili	ly Incid	ent Number 2017-10)03-486-F	'REA
Incident Date A	ugust 26, 2017	Incid	ent Time (HRS) 0700		
Perso	on Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)		son Role or Participant)
Earl Hamby	**************************************	6878931	Employee	Particip	
Housing Location	(For Inmates/Resid	lents Only) N/A			
Based on your ov	vn knowledge, what	did you see, hear, and do? tely 0715 I, Assistant Shift Sur			
Shields and Inmat allegations, Investigate Shields, Investigate I returned to Echo interviewed Inmate completed the escended and the second policy of the se	te Porter. I notified / igator jones respond- or Jones had Inmate : Charlie housing and Porter. Upon comple- ort and returned to my	NO (If YES, Explain Below)	and Facility Investigato ith Inmate Shields. Afte I. edical for evaluation. Inv	or Greg U r interviev	lones of the wing Inmate
					N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Printed Name:	Earl Hamby				
Signature: Typed By:	Earl Hamby		Date:		st 26,2017 st 26, 2017
Place an "X" in the	appropriate box:	aff if the civilian/other or inmo complete this 5-1C complete this 5-1C	te/resident refused to	complete	• the 5-1C.
Employee/Witness	s Printed		Date:		
Employee/Witness	s Signature				H-6
Employee/Witness Name	s Printed		Date:		***************************************
				1 1	
Employee/Witness	s Signature	ANNO MATERIAL MATERIA			NENNICA-(************************************

	INCIDENT STATEMEN	Т		5-1C
Facility Cimarron Correctional Facility	Incident	Number 2017-100	3-486-	PREA
Incident Date 08/26/2017	Incident	Time (HRS) 0700		
Person Name D. Munday	ID Number (Employee #/Inmate #/Civilian ID) (E 16524440 Er	Person Type mployee/Inmate/Civillan) mployee		son Role or Participant) pant
Housing Location (For Inmates/Reside	ents Only)			
Based on your own knowledge, what is On Saturday August 26, 2017 at app PREA claim made by inmate Thomas Shinstructed Assistant Shift Supervisor Earl Medical for evaluation and to gather more	oximately 0705 hours I Shift Sur lelds ODOC# 754757 against his Hamby to report to Echo Charlie	cell partner Glenn Por	ter OD	OC# 99595.1
Did you receive any injuries? YES or N Were you evaluated by medical? YES	**************************************			
Printed Name: D. Munday	**************************************			
Signature:		Date:	08/2	6/2017
Typed By: D. Munday		Date:		**************************************
ils section to be completed by CoreCivi Place an "X" in the appropriate box: Inmate/Resident refused to core	complete this 5-1C	mate/resident refused	1 to 60	mplete the 5-
Employee/Witness Printed Name Employee/Witness Signature		Date:	A CONTRACTOR OF THE CONTRACTOR	
Employee/Witness Printed Name Employee/Witness Signature		Date:		

INCIDENT STATEMENT

Incident Date	Λο <i>1</i> -	26/17	l lookd-	nt Time (HRS	31 T	0700
management Lasa	VO	CVI I	i meias	ur imia (UK)	21.	0700
	son Name	ID Numb (Employee #/Inmate	#/Civilian ID)	Person (Employee/Inm	ate/Civilian)	Person Role (Witness or Participar
S/O	T. McCool	2263670)4	Emplo [,]	yee	Participant
Housing Locati	on (For Inmates/Resi	dents Only)			NINE CONTRACTOR OF THE PROPERTY OF THE PROPERT	
				Within to reach the state of th		
Based on your	own knowledge, wha ugust 26·2017 at 070	t did you see, hear,	and do?			
officer office. medical. A cel	separated the inmate Once the initial inter I search was conduct the cell that was said	view was complete ed on Echo Charlie	inmate Sh cell 221 b	ields was the	n taken to	compound 1
Did you receive	any injuries? YES or	·NO (If YES, Explain	n Below)	NO.		
Were you evalu	ated by medical? YE		n Below)	No		
Were you evalu Printed Name:			n Below)	No.	Boto	T.00/26/17
Were you evalu	ated by medical? YE		n Below)	NO.	Date:	08/26/17 08/26/17
Were you evaluerinted Name: Signature: Typed By: s section to be lace an "X" in t	ated by medical? YE	s or NO No	her or Inma	te/resident re	Date:	08/26/17
Were you evaluerinted Name: Signature: Typed By: s section to be lace an "X" in t	T. McCool T. McCool completed by CCA st he appropriate box: te/Resident refused to com/Other	s or NO No	her or inma	te/resident re	Date:	08/26/17
Were you evaluerinted Name: Signature: Typed By: s section to be lace an "X" in t	T. McCool T. McCool completed by CCA st he appropriate box: te/Resident refused to an/Other refused to c	s or NO No	her or inma	te/resident re	Date:	08/26/17
Were you evaluer Printed Name: Signature: Typed By: s section to be lace an "X" in t Inma Civilier Employee/Witnes	T. McCool T. McCool completed by CCA st the appropriate box: te/Resident refused to an/Other refused to co	s or NO No	her or inma	te/resident re	Date:	08/26/17
Were you evaluerinted Name: Signature: Typed By: s section to be lace an "X" in t	T. McCool T. McCool Completed by CCA state appropriate box: te/Resident refused to completed Name as Printed Name as Printed Name	s or NO No	her or inma	te/resident re	Date:	08/26/17

	5-1C
INCIDENT STATEMENT	

Facility Cimarron Correctional Facility	Incide	nt Number 2017	'-1003-486-PREA
Incident Date August 26, 2017	Incide	ont Time (HRS) 07	00 hours
Land and the same of the same			
Person Name	ID Number	Person Type	Person Role
Glenn Porter	(Employee #/inmate #/Clvillan ID) 99595	(Employee/Inmate/Civili Inmate	an) (Witness or Participent) Participant
	1 33333		
Housing Location (For Inmates/Reside	onts Only)		
	The state of the s		
Based on your own knowledge, what o	ild you see, hear, and do?	·	
Did you receive any injuries? YES or N	IO /HVES Evolain Belaut	No .	
Low you receive any injuries? TES OF N	IV (II I CO, CAPIBIII DBIUY)	IIV	
Were you evaluated by medical? YES	or NO Yes		<u>рада такультировання приняти приняти де</u>
A STATE OF THE PARTY OF THE PAR	The state of the s		
Printed Name:	<u> </u>		
Signature:		Da	ite:
Typed By:		De	ite:
This section to be completed by CCA sta	ff if the civillan/other or inma	ite/resident refusec	to complete the 5-1C.
PN8			
Place an "X" in the appropriate box:			
X Inmate/Resident refused to			
Civilian/Other refused to co	mplete this 5-1C		
	•		
Employee/Witness Printed		T Da	te: 8/28/17
Name	K-MESCHOOS		W 1 W W 1 I T
Employee/Witness Signature	44-3-		
			1
Employee/Witness Printed Name	Tina McClasky	Da	te: 8/28/17
Employée/Witness Signature	in Me Classe		
and the second s	THE ALLE ALTERNA		
	_		

INCIDENT STATEMENT

Facility UF	Incident Number 3017-1003 - 480 - PREA
Incident Date 8-26-17	Incident Time (HRS) 0700
Person Name ID Numbe	Person Type Person Role (Employee/Inmate/Civilian) (Witness or Participant)
Thomas Shields 754754	Inmate Porticipant
Housing Location (For inmates/Residents Only)	
Based on your own knowledge, what did you see, hear, a 08/86/17 Innate in Ec	nd do? all trued to such my
penise by asking me, and	atter defina some dop!
him No he became	manders of me and
	ame to statt for heip.
DE because I don't fee	Safe. Tiam seasetting
Did you receive any injuries? YES or NO (if YES, Explain	Below)
No.	
Were you evaluated by medical? YES of NO Ves	
Printed Name: Thomas Shields.	
Signature: Thomas Ducks	Date; 08/26/m
рамента при	Eminate Control Contro
This section to be completed by CoreCivic staff if the civilla IC.	n/other or inmate/resident refused to complete the 5-
Place an "X" in the appropriate box:	
Inmate/Resident refused to complete this 5-1C	
Givilian/Other refused to complete this 5-4C	
Employee/Witness Printed	Patox
Name Employee/Witness Signature	By Andrew St.
Employee/Witness Printed	Dates
Name	The state of the s

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CCA GENERAL COUNSEL OFFICE OF INVESTIGATIONS INVESTIGATION REPORT FORM

NAME OF SUBJECT FACILITY:	Clmarron Correction
FSC CASE #:	
FACILITY CASE #:	1003
PRIMARY ALLEGATION:	Sexual Harassment
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and analysis of the second district the second seco	weep on commence of a new tensorial statement of the tensorial statement of

To: Raymond Byrd, Warden

From: Greg Jones, Facility Investigator

Date: August 26, 2017

EXECUTIVE SUMMARY:

Cimarron Correctional Facility (CCF) Cushing, Oklahoma

· C ... >

On Saturday August 26, 2017 at 0700 Inmate Thomas Shields ODOC# 754757 (47 year old white male with no STG serving 90M for CON/FELONS PROHIB/CARRY FIREARMS out of McCurtain County) told Cimarron staff that his cell partner, Inmate Glenn Porter ODOC # 99595 (58 year old white male with no STG serving Life for Murder first degree out of Pottawatomie County) asked to suck his (Shield) penis. Inmate Glenn then stated that after inmate Shields went to sleep "he (Glenn) would get some dick".

Inmate Shields was removed from Echo Charlie cell 221 at 0701 and was escorted to medical and placed into a medical cell. Medical is currently conducting their evaluation. Facility investigator Jones is being notified and additional information will follow.

Thomas Shields ODOC# 754757 (47 year old white male with no STG serving 90M for CON/FELONS PROHIB/CARRY FIREARMS out of McCurtain County)

Glenn Porter ODOC # 99595 (58 year old white male with no STG serving Life for Murder first degree out of Pottawatomie County)

Page | 1

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INVESTIGATION PARTICIPANTS:

First and Last Name Formal Title

Thomas Shields Offender

Glenn Porter Offender

INVESTIGATION FINDINGS:

In an interview conducted on August 26, 2017, Offender Thomas Shields indicated the following:

In an interview conducted on August 26, 2017, Offender Glenn Porter indicated the following:

CONCLUSION SUMMARY:

Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between them.

Investigative finding is Unsubstantiated

IG Yott. Ken Notified at 0955 hours

EVLIDITC.

<u> </u>		
Investigator's Signature		 -
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иниприкантира параце, <u>прикантира на прина</u>		
Date		

Page | 2

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2017-1003-486-PREA P1-P2

DATE: 8-26-17

TIME: 0700

P1 Photo of Inmate Shields



P2 Photo of Inmate Porter



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Chie I muniaint: ACCUSECT of COMMITTING a Onst & 8-26-4 Sque Asthma (AD COPD) (VA Aller III) TUDRAL CONTRASTO Urtamens, Alder Vital Sans: B.P 146/88 R: 18 P: 94	op Chris Book in MH - B
10 Agains of af comments	DDF-1/D Meds-Yes
Onset & Zon The Lace of William Maga	-TKTA/ Weseg Forms
Med Callistory: None Asthma CAD COPD (VA	DM HIN HIV MI Seizures Cancer Hep C
Mer & Typeal Contrast	Man Ann
om significations: Prenatal utamors, Alde	actone, tstrace, HSA
Vital Sans: B.P. 46/88 R. 18 P. 94 1.	97 0 W. O. SHE 99% PSIBS:
CIRCLE AT	LINAT APPLY Cardiovascular
C Mixis capoled Cough SOB wheezes Strider Crackles	Chest pain Lett arm pain Diaphoresis Orthopnea
Hemo Pysis Pain with breathing Diminished Nasal flaring Other	
Control of Castrollifestical West Markey	Bradycardia Other: Genitotrinary
WNL Nausca Diarrhea Dysphagia Melena Constinution	WNL Dysuria Nocturia Frequency Incontinence Flank pain
Vami ting: Clear Gastric Coffee grounds	Male: Discharge Penile lesions
Hematemesis Hematochezia Abdo sum: Soft Tender Firm Distended	Testicle pain Testicle swelling Female: Vaginal discharge Abnormal bleeding
Bowel sounds: WNL Hyperactive Hypoactive Absent	Pelvic pain Dysmenorrhea Pregnant
Other:	Other:
Skin	Other: Treatments Doxygen applied: Time: liters
Warm Cool Dry Clammy Moist Color: WNL Pale Flushed Cyanotic Jaundice	I I V greate started Time later size
M/Membrane WNL Moist Sticky Parched	Site: Inserted by:
Turgor: WNL Decreased	☐ Lactated Ringer ☐ D5W ☐ Normal Saline
Edema: Absent Present Laceration: cm R/L Upper/Lower	CPR started: Time: CPR terminated: Time:
Location: Forehead Supraorbital Infraorbital	Site: Inserted by: □ Lactated Ringer □ D5W □ Normal Saline □ CPR started: Time: CPR terminated: Time: □ Life Pack applied: Time: □ VS every 5-10 minutes until transported:
Zygoma Maxilla Mandible Lid Ear Nose	
Lip Mouth Chin Neck Hand Wrist Forearm Elbow Leg Chest Back Shoulder Foot Ankle	Time: BP Pulse Resp. 02 sats.
Type: Avulsion Flap Linear Jagged Stellate Irregular	Time: BP Pulse Resp O2 sats. Time: BP Pulse Resp O2 sats. Time: BP Pulse Resp. O2 sats. D Emergency department notification time: Report
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea	given to: Time ambulance notified: Ambulance arrival time:
Other:Eyes/Ears/Nose/Throat	Ambulance departure time:
Eyes WNL Blurred vision Double vision Discharge	☐ Tetanus given:Time:
Redness Photophobia	(dose/route/location) Send copy of ER assessment/treatment and Medication Charting
Ears: Whi Pain Bleeding Drainage Ringing Hearing loss Nose Whi Bleeding Congestion Discharge	Sheet (MAR's) to emergency department with patient
Throat: WND Pain Swelling Voice change	A II Progress Notes
Mouth WNL Pain Swelling Bleeding	I'el made accuses this unmade of
Other:	Committing FREA Ready for
Neprojogical Neprojogical	presig-1
WNIS Oriented X 3 Disoriented - person / place / time Headaches Dizzmess Seizure Tremors Fainting	To the control of the
Walking problems Speech problems	The second secon
R/L: Altered sensation	AND AND ADMINISTRAÇÃO PROCESSOR PROCESSOR AND ADMINISTRAÇÃO PROCESSOR ADMINIST
R/L: Altered motor Pulses: Present Absent	Mikitandelous Australians angewere a regime group of a . 10 - 10 - 100 representations the state of the contraction to the cont
Other:	AMERICAN PROPERTY OF THE PROPE
Musculoskeletal	
R/L: Pain Swelling Bruising Fracture Sprain Neck Chest wall—Rib(s) Back Shoulder Arm Elbow	Medical Provider/RN Notified: Date \$266 Time: 0900
Forearm Wrist Hand Peter Hip Leg Knee Foot	Orders Received for Treatment: Il Yes Il No
Other:	QHCP Signatura Selmen (A)
	Date: Time:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date: Time AM.PM
Wenter Same Protes Glenn	Date: Time AM, PM

SIGNATURE CLOSE CREATENESS OF CORRECT DANS S. RESTALLERAL IN FIRM OF A CHIE Medical Diagram of Injury 3. 6. 5. injuries hate Buck (Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required) NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF: Lacerations Fractures Contusion Deformity is present Obvious deformity, Loss of sensation Wound(s) is severe /deep / requires sutures C Impaired neurological/vascular status Numbness/severe pain, Absent distal pulses Bleeding is uncontrolled Mechanism of injury suggesting hidden Mechanism of injury suggesting hidden ☐ Wound has imbedded debris not easily trauma trauma irrigated out ☐ Takes anticoagulants, Over age 50 ☐ Marked swelling is present Laceration to the face, ear, nose, eyelid or over joint Arrays, tetanus booster Condition not responding to intervention ☐ Wound that edges do not approximate easily with Steri - Strips (If suspected fracture of the cervical spine, evaluate respiratory function continuously, Signs of infection present place c-collar, call 911, do not attempt to Laceration to the abdomen or chest that move patient) may penetrate underlying organs Alteration in skin integrity related to trauma Plan: Nursing Intervention Routine: (check all that apply) Fractures Contusions Lacerations C-collar, back board, c-spine precautions Consider immobilization of injury with splint Stop bleeding with pressure Apply tella pad, clean dry dressing Immobilize affected limb prior to moving or ace wrap until seen by medical provider or or butterfly dressing ☐ Elevate affected limb Apply ice to the affected area to reduce Wash well with antiseptic soap, sterile water Splint joint above and below injury. swelling or sterile normal saline, remove all ingrained dirt Apply ice Acetaminophen 325 mg - 2 tablets p.o. three Acetaminophen 325 mg - 2 tablets p.o. three Sling for upper extremity times a day for 4days times a day for 4days Le to closed injury site D lbuprofen 200 mg - 2 tablets p.o Ifree Cover open wound with sterile dressing Dibuprofen 200 mg - 2 lablets p.o. three ☐ Crutches (if indicated) limes a day for 4 days times a day for 4 days ☐ Acetaminophen 325 mg - 2 tablets p.o. three Arrange for dressing change, wound check Arrange for dressing change, wound check times a day for 4days and sulure removal and sulure removal O Consider crutches if lower expernity OR ☐ Ibuprofed 200 mg - 2 tablets p.o. three times a day for 4 days Arrange for dressing change, wound check. and suture removal 🖸 Education/Intervention Instructed to keep wound clean and dry, signs and symptoms of infection, follow-up sick cull if no improvement, instruction worsens or lever. Offender verbalizes understanding of instructions Medical Provider Signature/Ciedentials QHCF Signature/gredentials

Offender Name

OKLAHOMA DEPAR	CTMENT OF CORRECTION	A RZ MARA HARRIST
Chief Complaint: Rea Evaluation Onset! Medical History (None) Arthur (CAD) CORD CVA	cy Care Record	MH-A Past
2 9 1 Modical	Diagram of Injury /	meds-100 R.
Onerti	Leasting	
Onset: Medical History: None Asthma CAD COPD CVA	DAA BETKI LIIV ASI	Colores Con
Allergies: NK A	15101 13110 1417 1011	Seizures Can cer Hep C
Allergies: UKDA Current Medications: Zoloft.		- Company of the Comp
and the second s	200	001
Vital Signs: B/P/2482 R: 20 P: 19 T:	O2 sat	7//_ FSB S:
Vital Signs: B/P/22/82 R: 20 P: 74 T:	LETHAT ARECY:	Cardiovascular.
Wall Labored Cough SOB Wheezes Stridor Crackles Hemophysis Pain with breathing Diminished Nasal flaring	WNI Chest pain Left arm p	pain Diaphoresis Orthopnea
Other:	Bradycardia Other:	elis Syncope Tachycardia
Letter of the Control	bradycardia Other:	
WNI Nausea Diarrhea Dysphagia Melena Constipation	WNI Dyeuria Nocturia Fred	Wency Incontinence Clark pain
Vomiting: Clear Gastric Coffee grounds	Mate: Discharge Penile	
Hematemesis Hematochezia	Testicle pain Testicl	e swelling
Abdomen: Soft Tender Firm Distended	Female: Vaginal discharge	
Bowel sounds: Hyperactive Hypoactive Absent Other:		enorrhea Pregnant
CHILDREN CONTROL OF THE CONTROL OF T	Other:	100 at 10
Warn Cool Dry Clammy Moist	O Owner and Ind. Times	ments - See - Free Control
Color: WNL Pale Flushed Cyanotic Jaundice	D IV access started: Time:	Ielco cize:
Color: WNL Pale Flushed Cyanotic Jaundice M/Membrane: WNL Moist Sticky Parched	Site: Inserted by:	3330
Turgor: WNL Decreased	☐ Lactated Ringer ☐ 反	5W Normal Saline
Edema: Absent Present	CPR started: Time:	CPB erm nated: Time:
Laceration: cm R/L Upper/Lower Location: Forehead Supraorbital Infraorbital	Life Pack applied: Time:	Jelco size: 5W Normal Saline CPR erm nated: Time:
Zygoma Maxilla Mandible Lid Ear Nose	Time: BP Pulse	Resp O2 sats
Lip Mouth Chin Neck Hand Wrist Forearm	Time: BP Pulse	Resp. O2 sats.
Elbow Leg Chest Back Shoulder Foot Ankle	Time: Pulse	Resp. O2 sats. Resp. O2 sats.
Type: Avulsion Flap Linear Jagged Stellate Irregular	Li Emergency department notif	ication time:Report
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea Other:	given to:	Ambulance arrival time:
Eyes/Ears/Nose/Throat	Ambulance der	narture time:
Eyes: Divid Blurred vision Double vision Discharge	☐ Tetanus given: (dose/rou	parture time:Time:
Redness Photophobia	(dose/rot	de/location)
Ears: WNI Pain Bleeding Drainage Ringing Hearing loss	Send copy of ER assessment/treats Sheet (MAR's) to emergency depa	
Nose: Bleeding Congestion Discharge	Progre	
Throat Pain Swelling Voice change Mouth: WAR Pain Swelling Bleeding		
Other:	In project and	morent to woode
Neurological S	on PREA evalue	res Juliania
WNL Oriented X-3 Disoriented person Olace (Time)	con you to sta	conspet and
Headaches Dizziness Seizure Tremors Fainting	stowns, and infly	y - Na enjun
Walking problems Speech problems	hater toverson	gree in the
R/L: Altered sensation	introview M. Il	fluxal taken to
R/L: Altered motor		
Pulses: Present Absent Other:	enter and the second of the se	
To your and the second of the	Commonwealth and the second of the control of the c	to the state of th
Muscoloskeletal R/ L: Pain Swelling Bruising Fracture Sprain		
R/L: Pain Swelling Bruising Fracture Sprain Neck Chest wall Rib(s) Back Shoulder Arm Elbow	Medical Provider/RN Notified:	Date: Time:
Forearm Wrist Hand Pelvis Hip Leg Knee Foot	Orders Received for Treatment	LYES-TONO
Other:	QHCP Signature	home II
İ	Date: Statute	Time: 0720.
(married Married Control of Married Control of the	marin marin Sufficient Date of the frame Junque son	the cap representation of the control of the contro
Medical Provider Signature:	Date:	Time AM / PM
Offender Name ()	the state of the s	DOC #
Hast First hields homes		754757

1	Medical Diagram of Injury 3.	4. R.(248)
5	January The Services of the Se	8. Lun Front
Nursing Protocol must be signed by the Me nedication required)	dical Provider if offender displays any of the be	elow s/s or any additional treatment/
Lacerations	T Fractures	Contusion
Wound(s) is severe /deep / requires sutures Bleeding is uncontrolled Wound has imbedded debris not easily rigated out Laceration to the face, ear, nose, eyelid or over joint Wound that edges do not approximate hasily with Steri — Strips Signs of infection present Laceration to the abdomen or chest that may penetrate underlying organs	Obvious deformity, Loss of sensation Numbness/severe pain, Absent distal pulses Mechanism of Injury suggesting hidden trauma Takes anlicoagulants, Over age 50 X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	☐ Deformity is present ☐ impaired neurological/vascular status ☐ Mechanism of injury suggesting hidden trauma ☐ Marked swelling is present ☐ Condition not responding to intervention
Assessment: Alteration in skin integrity related to trauma Ian: Nursing Intervention Routine: (check all t	hat apply)	
Lacerations	Fractures	Contusions
3 Stop bleeding with pressure 3. Apply telfa.pad, clean dry dressing or bulterfly dressing 3. Wash well with anliseptic soap, sterile water or sterile normal saline, remove all ingrained dirt. 4. Acetaminophen 325 mg - 2 tablets p.o. three mes a day for 4days. 6. Ibuprofen 200 mg - 2 tablets p.o. three mes a day for 4 days. 6. Arrange for dressing change, wound check and suture removal.	C-collar, back board, c-spine precautions Immobilize affected limb prior to moving Elevate affected limb Splint joint above and below injury Apply ice Sling for upper extremity Ice to closed injury site Cover open wound with sterile dressing Crutches (if indicated) Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days Arrange for dressing change, wound check and suture removal	☐ Consider Immobilization of injury with splint or ace wrap until seen by medical provider or RN ☐ Apply ice to the affected area to reduce swelling ☐ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days ☐ buprofen 200 mg - 2 tablets p.o. three times a day for 4 days ☐ Arrange for dressing change, wound check and sulture removal ☐ Consider crutches if lower extremity
worsens or Prver. Offender verbalizes understa	ind clean and dry, signs and symptoms of infection, anding of instructions.	follow-up sick call if no improvement condition Date: / Time: 22.2.
ledical Provider Signature/Credentials	Thomas Ja	Date Solo Time: 05.4

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Incident Notification Checklist															
As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or offender injuries will require a follow-up e-mail to provide the condition of staff and/or offenders. This update should be requested periodically and supplied by the facility as new information is learned.															
Original:	Augus	t 26, 2017		······································	U lei leikeleekee	L.	pc	lated:			,	*********			
Facility:	Cimar	ron Correc	tion	al Facility	4	T	Re	ported t	y:	W	arden Rayı	mo	nd Byr	d	
Type of Incident:	 	PREA Inn	nate	on Inmate	Sex	ual	Ha	rassme	nt	L	***************************************		***************************************	······································	
Date/Time Incident Occurred:		T		017 @ 0700	Territoria de Principal		Date/Time Division Manager Notified: August 26, 2017 @ 0721				@ 0721				
Location of Inciden dining hall, etc.)		Quad, Cel	I,	Echo Chi	arlie	Ce	112	21	***************************************	U	nit locked	dov	wn?	□Yes	⊠ No
Has DOC Inspecto General been notified?	r	⊠Yes □	No	By Whon	n?			ity inves Jones	tigator	ν	/hen?	Α	ugust :	26, 2017 <i>@</i>	0955
		·	NIVAL DIV	In	cide	nt (Cle	ssifica	ion			L			
 Offender-on-Offender assaults with serious injury: No Number of Offender-on-Offender victims of assaults with serious injury: 0 Offender-on-Offender assaults without serious injury; No Offender-on-Offender fight: No Offender-on-Offender assaults by throwing substances; No Disruptive Event: No 															
***************************************			,	(attach a				nvolved ages if							
Full Na	ame	Markara de la composition della - Helianie	DOC#	-		₹8(CO _	Age			********	Crin	ne(s)		
Glenn Porter			E Part	99595		W			58	7.				urder first ie County	
Thomas Shields	*********************			754757	indergo Section		W Serving 90 M for CON/Felons PROHIB/CARRY FIREARMS out McCurtain County				ns S out of				
				(attach a				olved ages if i	needed)						
41				F4 - 6 - 2											
Full Name Arthur Fox					Title/Position Chaplain										
m		Timothy N		ool		-	-			ona	Officer		1		
		Dwight Mu		ay			(el/garist		upervisc						
		Earl Hamb				_		***************************************	nt Shift	Sup	ervisor				
		Greg Jone	S	·			···	Investi	gator		NOOD-ORGENIA Litera and Alberta Alberta	ļ	1		
			hadeac	<u> </u>	ниниции	-	٠.,		***************************************	and when			1		
				Brief	Sur	nm:	a Pi	of incl	dont			٠	L		

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On Saturday August 26, 2017 at 0700 Chaplain Arthur Fox was conducting Facility Duty Officer rounds on Echo Charlie unit. When Chaplain Fox arrived to Echo Charlie cell 221 inmate Thomas Shields ODOC# 754757 (47 year old White No STG) was standing at the cell door with a sign say "Help me please PREA". Chaplain Fox told inmate Shields that he was going to go inform the unit officer. Chaplain Fox then went and informed Senior Correctional Officer Timothy McCool. Senior Officer McCool immediately notified Shift Supervisor Dwight Munday of the PREA claim made. Shift Supervisor Munday had Assistant Shift Supervisor Earl Hamby report to Echo Charlie to remove inmate Shields from cell 221.

Once in Echo Charlie Supervisor Hamby removed inmate Shields from cell 221 to interview and have inmate Shields write a statement. Inmate Shields statement stated that inmate Glenn Porter ODOC# 99595 (58 year old White No STG) asked inmate Shields to let "him (Porter) suck his (Shields) penis. Inmate Shields refused the advance. The statement then went on to say that after inmate Shields refused inmate Porter stated "He would get some dick after he (Shields) went to sleep".

Supervisor Hamby escorted inmate Shields to medical for evaluation. Upon being evaluated inmate Shields received no injuries. Inmate Shields was then interviewed by Facility Investigator Greg Jones. After the interview with Investigator Jones inmate was placed in a medical cell until housing could be made available.

Supervisor Hamby then escorted inmate Porter from Echo Charlie 221 to medical for evaluation and to be interviewed by investigator Jones. Inmate Porter had no injuries reported during the medical evaluation. Investigator Jones then conducted an interview with inmate Porter, inmate Porter stated that inmate Shields had exposed himself to inmate Porter. Inmate Porter told inmate Shields that "he (Porter) had no desire to have sex". Once the interview was completed inmate Porter was escorted back to Echo Charlie cell 221.

After the investigation was completed by investigator Jones it was determined that both inmate Porter and inmate Shields placed the claim on each other, and both inmate Porter and inmate Shields denied making sexual advances towards one another. Both inmate Porter and inmate Shields stated that there was no contact between them. Investigator Jones found the claim to be unsubstantiated.

INMATE(S) INVOLVED:

Glenn Porter # 99595 Thomas Shields # 754757

ESCORTS: Supervisor Hamby escorted inmate Shields from Echo Charlie 221 to Medical for evaluation and to be interviewed. Supervisor Hamby then escorted inmate Shields to a cell for holding until housing could be made available.

Supervisor Hamby escorted inmate Porter from Echo Charlie cell 221 to medical for evaluation and to be interviewed. Inmate Porter was then escorted by Supervisor Hamby from medical back to Echo Charlie cell 221

MEDICAL REPORTS/INJURIES TO STAFF / OFFENDERS: No injuries were reported to staff or inmates

USE OF FORCE: None

ADDITIONAL INFORMATION: Offender Shields stated that Offender Porter had made sexual advances toward him and ask him if he wanted his "dicks sucked by a real woman" and that porter had been acting strange. Offender Porter stated that Offender Shields had exposed himself to him and he (Porter) told Shields that he does not have the desire to have sex. Both offenders place the claim on each other and denied that they made any sexual advances toward one another. Both offenders stated that there was No contact between

them.

Investigative finding is Unsubstantiated

CONCLUSION: Inmate Shields stated that inmate Porter made sexual advances towards him (Shields), stating that inmate Porter asked to "suck his (Shields) penis. Shields also stated that inmate Porter stated "I will get some dick after you go to sleep". Inmate Porter was then interviewed by Investigator Jones. Inmate Porter stated during the interview that inmate Shields was the one to make sexual advances by exposing his (Shields) penis to him (Porter).

NOTIFICATION: Virgil Ensey August 26, 2017 @ 0715 by Assistant Shift Supervisor Earl Hamby.

Lane Blair August 26, 2017 @ 0721 by Assistant Warden Virgil Ensey.

Jamie Keef August 26, 2017 @ 0721 by Assistant Warden Virgil Ensey.

Ken Yott August 26, 2017 @ 0955 by Facility Investigator Greg Jones.

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(Be as specific as nos	sible—head v	Staff/Offend ound, puncture wound, e	e r injuries tc to include an	v emergency tre	eatment/hospital transport)
None				,, <u>g</u> ,	
Ар истинатиказин оксинальный поль		11/200000000000000000000000000000000000	III - A - A - A - A - A - A - A - A - A		
W. A STAGE		Weapons Used (if kno			
None		The state of the s			
If applicable, was the	⊠Yes ⊠N	If no, was cell partner	⊠Yes □ No	Name/DOC#	Glenn Porter # 99595
offender single celled?		involved?			Local Local & Opposit
· · · · · · · · · · · · · · · · · · ·	Any o	other pertinent informati	on specific to ti	nis incident	
		Notifica	ition		
Reported to Division	Manager by:		······································		, <u> </u>
41			. .		na A
Name:			Date:		Time:
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A1 (AB) 1.1			Date:		Time:
Signature of Division	Manager				
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Comprehensive Repo	ort Ordered:	Yes No			
	*	·			
The report will be as	detailed as p	ossible utilizina Attachn	ient A "Compre	hensive Repor	rt."

Attachment H

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Incident Classification Definitions

Offender-on-offender assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stiches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

<u>Number of Offender-on-offender victims</u> - An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury – An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight — Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances – Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

<u>Disruptive Event</u> – Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

<u>Victim</u> – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

(R 6/14)

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Attachment K-2 OP-050108 Page 1 of 3

Serious Incident Database Report Private Prisons

- 1. Facility: Cimarron Correctional Facility
- 2. Date of Incident: 08/26/2017
- 3. Offender Offense History: Violent
- 4. Area of Incident: Cell
- 5. Narrative:
 Inmate Shields stated that inmate Porter made sexual advances towards him
 (Shields), stating that inmate Porter asked to "suck his (Shields) penis. Shields also
 stated that inmate Porter stated "I will get some dick after you go to sleep". Inmate
 Porter was then interviewed by Investigator Jones. Inmate Porter stated during the
 interview that inmate Shields was the one to make sexual advances by exposing
 his (Shields) penis to him (Porter).
- 6. Who was the first responder to the incident? Security Staff
- 7. If PREA, was the incident referred to Internal Affairs? Yes
- 8. If Use of Force was used, was It? N/A
- 9. If planned, was Medical contacted prior to Use of Force? N/A
- 10. Was the incident video recorded? No
- 11. If electronic technology was used, was the offender medically cleared? N/A
- 12. What type of non-deadly force equipment was used?

☐ Inflammatory ☐ OC	Electronic Technology Electronic Shield
CS (Private Prisons ONLY)	Radio Active Custody Control
	Taser
Physical Restraint Device	
Belly Chains	Leg Irons
Four or Five point restraints	Restraint Chair
☐ Handcuffs	□ Other

13. What level of force	was used?		Attachment K-2 OP-050108 Page 2 of 3
Inflammatory Ag	ent		
☐ oc Weig	ht prior to use:		
	te Prisons ONLY) ht prior to use:		
Deadly Force] Impact Weapons
Hand Gun	1		☐ Baton
Rifle- Snip	per		Collapsible Baton
Rifle- Tov	ver		
Shot Gun			
Physical Contact			
☐ Defensive	Tactics- hold		
Offensive	Tactics- Striking		
14. Was more than one	camera used to re	cord incident? No	
15. Were there injuries (during the Use of F	orce? N/A	
16. Where was the injur	y treated? N/A		
17. Injuries Sustained:			
Staff	Offender	Both	
18. What was the menta	il health levels of ti	he offenders involved	? B
10 Martha offander tal	ilno no anaultand ma	diaminum Voc	

20. Was the incident racially mo	tivated? No	Attachment K-2 OP-050108 Page 3 of 3
21. Race(s) involved?		
☐ Black	White	
Hispanic	Native American	
Other		

(10/12)